

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession. This report includes data up to March 2019.



Overview:

The PDMP began in 2008 and is housed with the Board of Pharmacy under the Department of Commerce, Community, and Economic Development (DCCED) – Corporations, Business, and Professional Licensing (CBPL) section. Mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP on a daily basis. Information on exemptions can be found pdmp.alaska.gov under the Registration and Use Exemptions tab and includes information for federally-employed practitioners and pharmacists as well as information on situational exemptions to PDMP use. If mandatory registration and use exemptions do not apply and a licensee fails to register with the PDMP, disciplinary action may be taken by the Board of Dental Examiners.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Updates and Imminent changes:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
- PDMP renewal for dentists were due by 02/28/19; however, due to the influx of delayed initial registrations, the processing time for renewals is 10 – 12 weeks from the date received.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Dentist' to 'IHS Prescriber' (Indian Health Service) Prescriber or 'VA Prescriber' (Veterans Administration)
- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program 'Prescription Drug Monitoring Program' at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
- There are currently 51 pending accounts for dentists.
- The FY2019 PDMP legislative report was submitted to the legislature in March and can be found at: https://www.commerce.alaska.gov/web/portals/5/pub/PHA_PDMP_2019_LegislativeReport.pdf
- On May 15, 2019, the PDMP will be launching a new data analytics feature called NarxCare. More information will be provided on pdmp.alaska.gov in the coming weeks.

Data:

The Alaska State Board of Dental Examiners regulates several license types, including dentists, dental hygienist, dental assistants, and also issues permits for sedation and general anesthesia. As of April 4, 2019, there are a total of 7,254 registered users, 643 of which are dentists (Figure 1). The proportion of total licensed dentists registered with the PDMP is 73%; 27% are not registered (Figure 2) potentially due to potential non-compliance, not having an active Drug Enforcement Administration (DEA) registration, being registered with a federal user role, e.g.: IHS Prescriber, VA Prescriber, or Military Prescriber, or because of the administrative delay in processing.

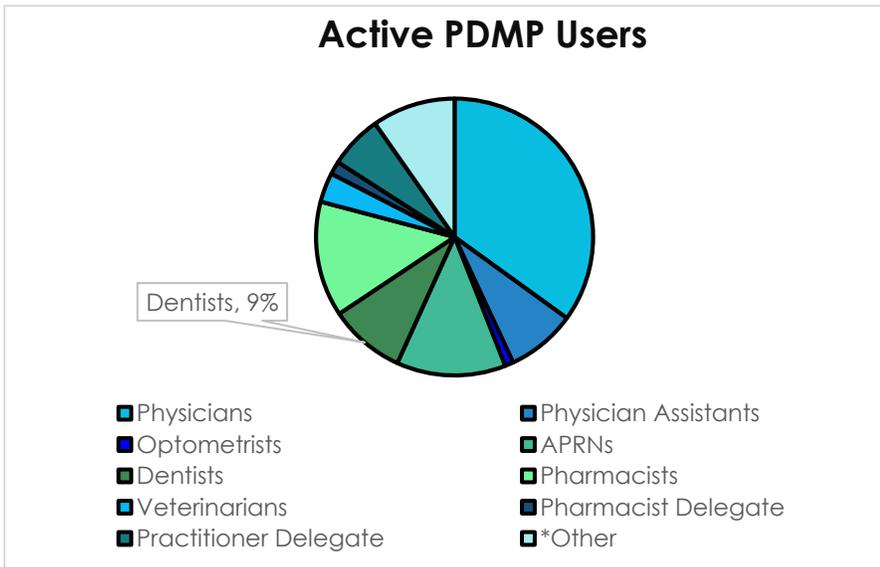


Figure 1. Dentists comprise 9% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, restricted admin, and medical examiners/coroners.

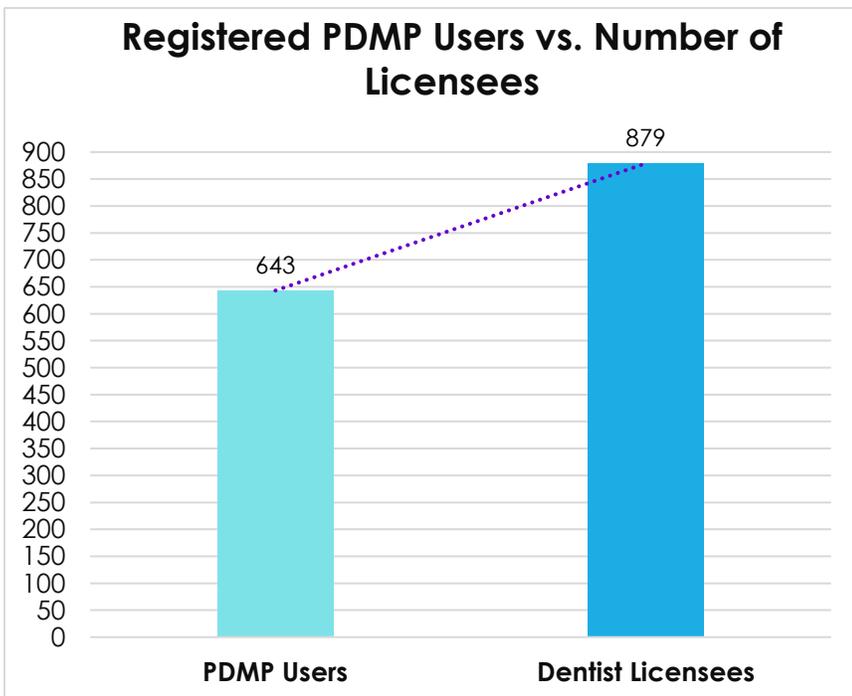


Figure 2. The proportion of licensed dentists to registered PDMP users is represented; however, some licensed dentists may be excluded from this figure due to not holding an active DEA registration, being employed with the IHS, VA, or military, or whose registration is yet to be processed.

Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figures 4 – 6 shows the interaction activities of captured from January 2017 to December 2018.

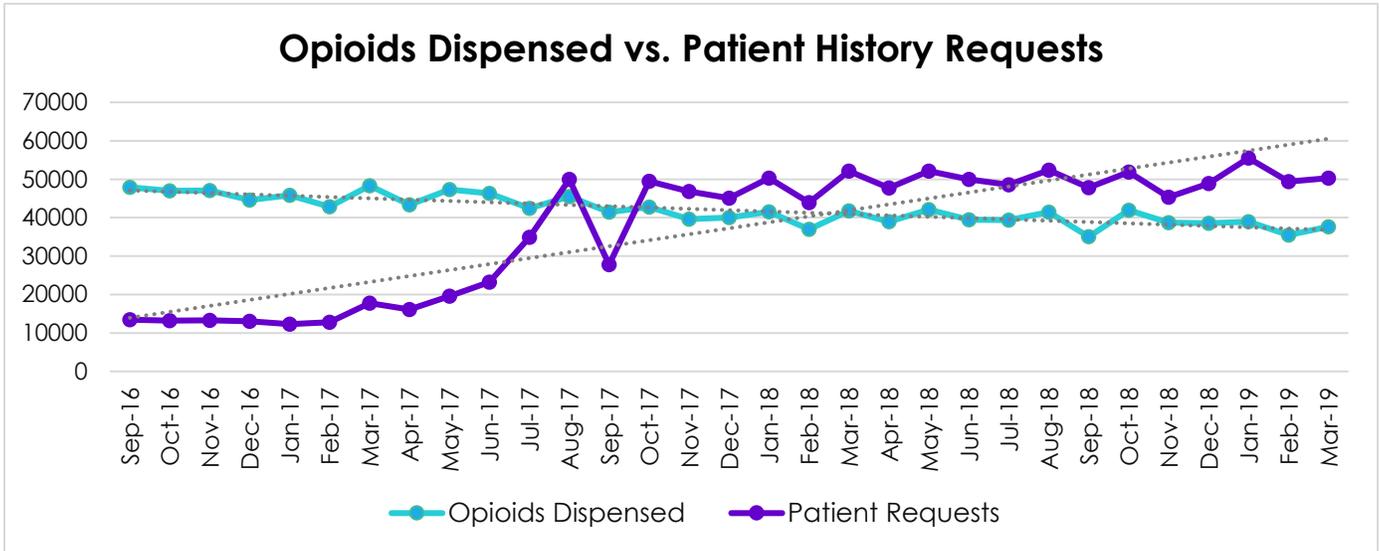


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

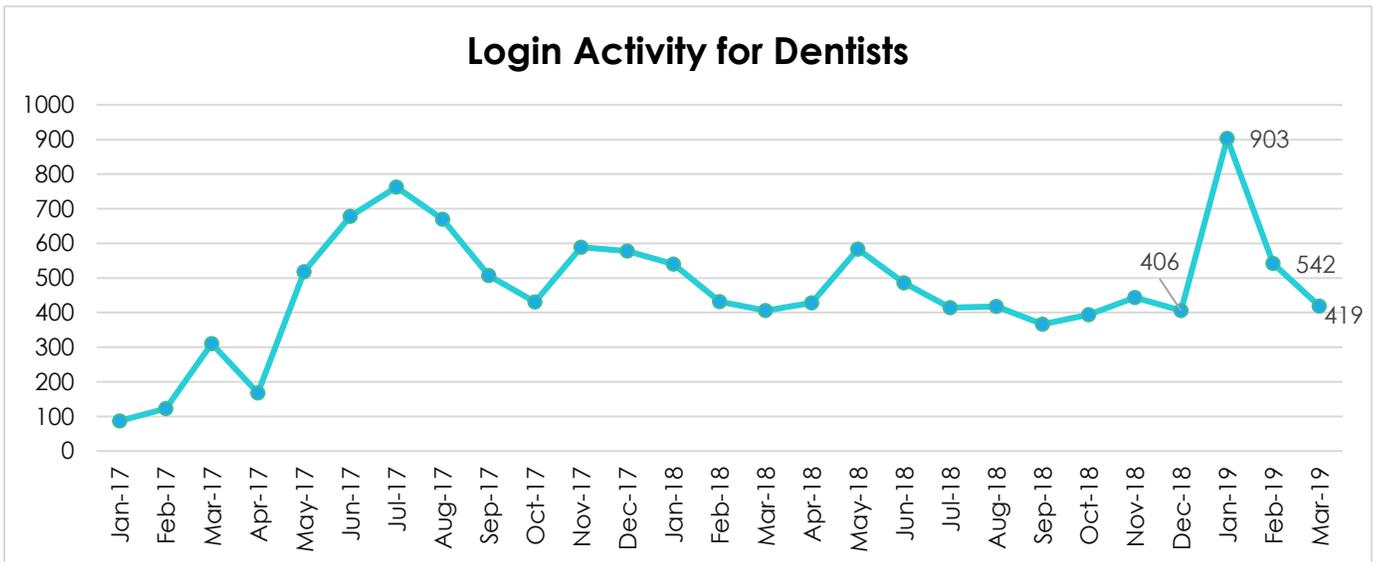


Figure 4. Prior to January 2019, login activity peaked in July, corresponding to the effective date of mandatory use. In January, the PDMP recorded 903 logins, a 122.4% increase from the previous month; however, patient prescription query trends do not indicate a corresponding increase with this login peak (see figure 6).

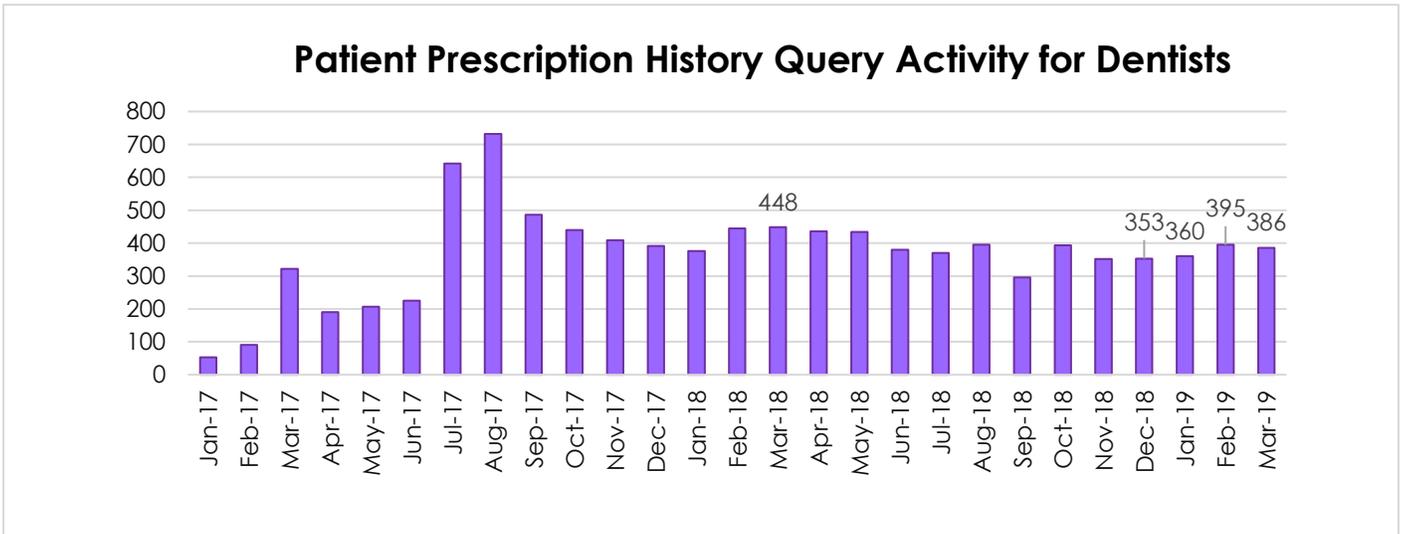


Figure 5. Patient prescription queries peaked in July 2017, corresponding to the mandatory use requirement; however, queries have not changed substantially for the last 12 months.

Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist.

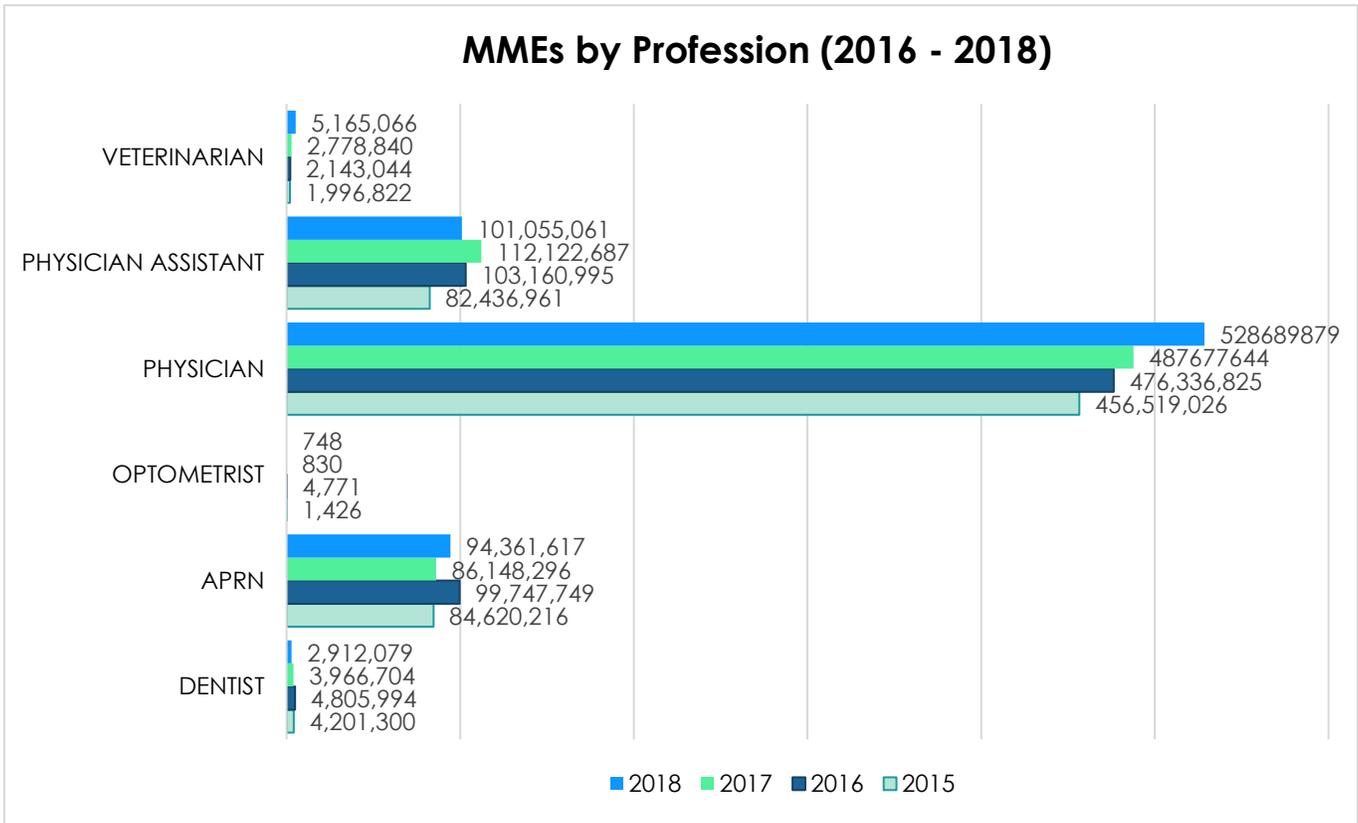


Figure 6. MMEs prescribed by dentists comprised .4% of total MMEs prescribed in 2018. The percent of MMEs prescribed by dentists fell by 26.5% from 2017 to 2018.

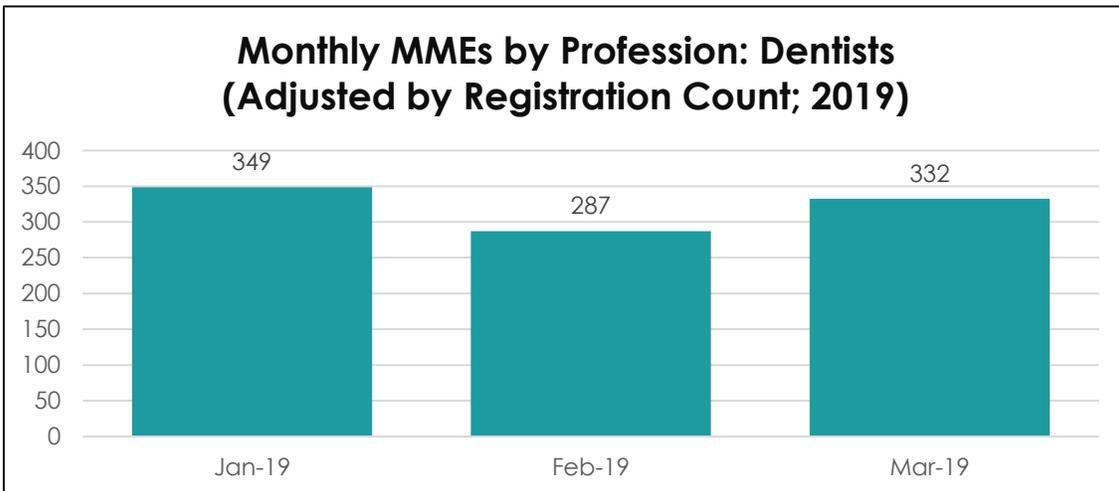
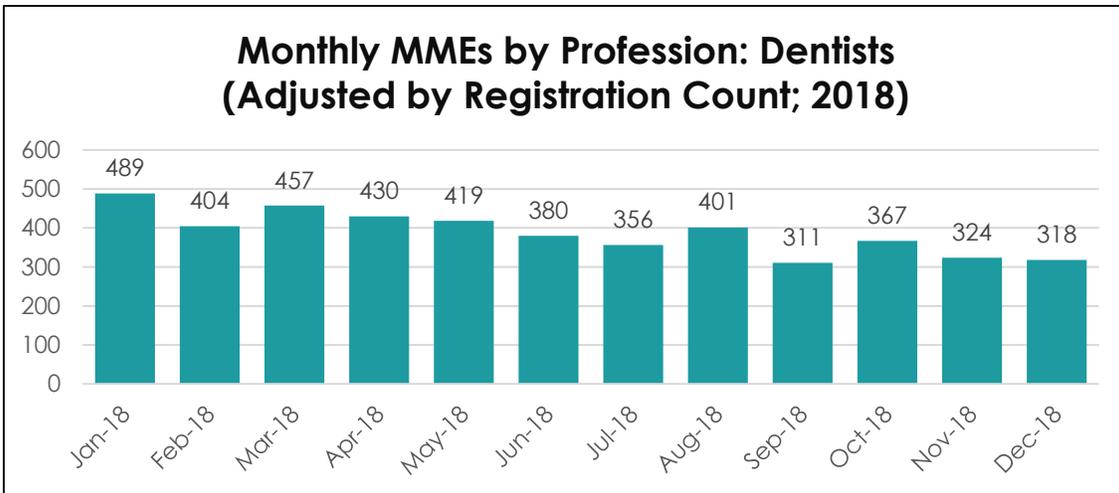
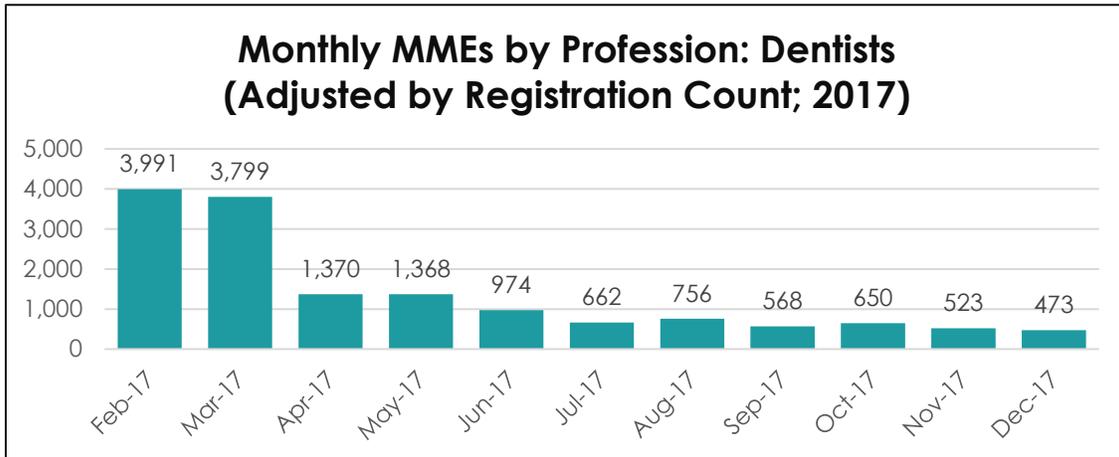


Figure 7. MMEs per month by profession and adjusted by registration count. January 2017 values are unavailable due to incomplete data.

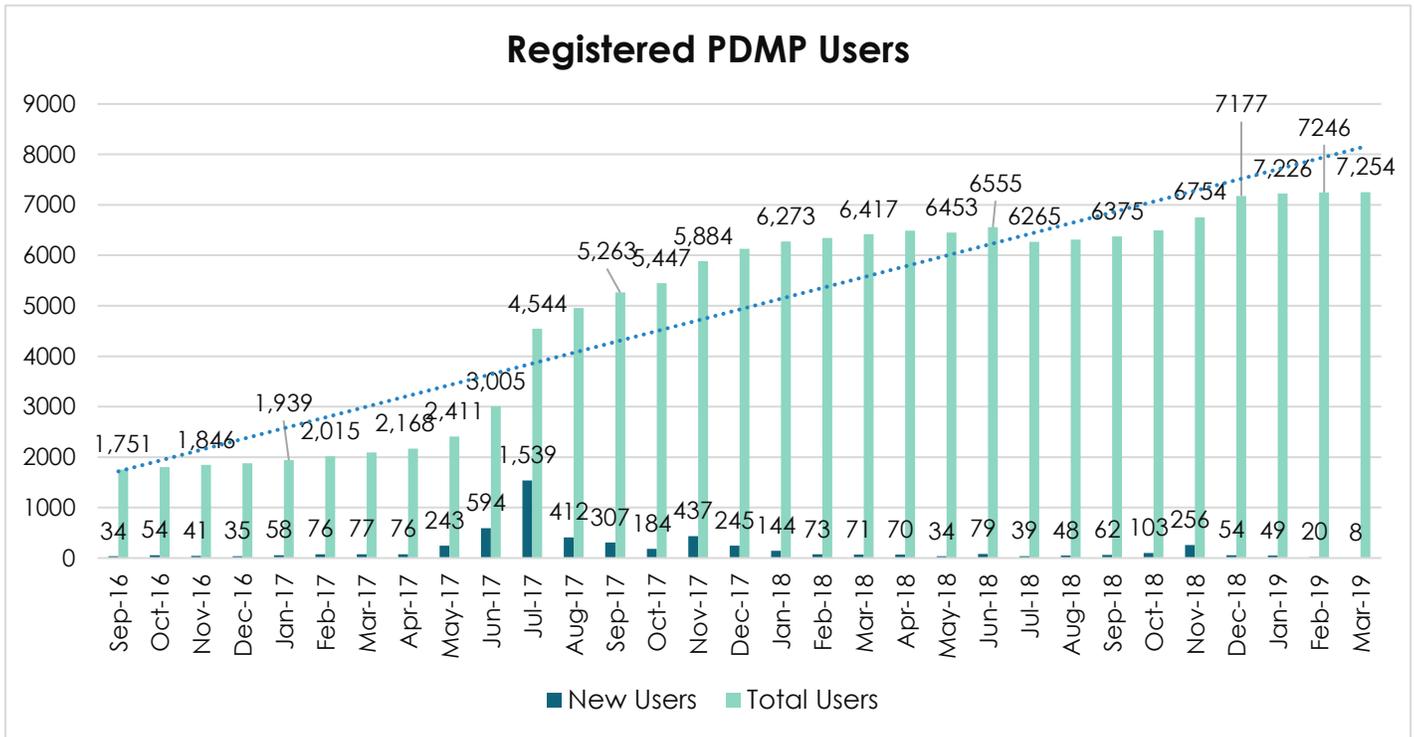


Figure 8. Registered users have steadily increased following mandatory registration.